

# Booking Enquiry

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reference No.: \_\_\_\_\_

Name: _____	
Address: _____ _____ _____	
Phone No.: _____	Fax No.: _____
Mobile: _____	Email: _____

Function Date: ____ / ____ / ____	Function Type: _____
Function Room:	Upstairs <input type="checkbox"/>
	Downstairs Front <input type="checkbox"/>
	Downstairs Back <input type="checkbox"/>
No. of Guests:	Adults: _____ Children: _____
Start Time: _____	Finish Time: _____

<b>Menu</b>			
Finger Food:	\$xx <input type="checkbox"/>	\$xx <input type="checkbox"/>	\$xx <input type="checkbox"/>
Other:	_____		
Buffet:	\$xx <input type="checkbox"/>	Sit Down on Request: \$	_____
Dessert:	\$ _____	Cheese Platter: \$ _____	Tea/Coffee: \$ _____
<b>Bar</b>			
Fixed Limit: \$	_____	Open Bar: \$	_____
Standard: Includes house wine & soft drinks, local beer			
Open Bar: Includes local & imported beer, three varieties of wine, house spirits & mixers, soft drinks			

<b>Special Requests:</b>	
Cake <input type="checkbox"/>	Balloons/Decorations <input type="checkbox"/>
DJ <input type="checkbox"/>	Photographer <input type="checkbox"/>
Flowers <input type="checkbox"/>	Gift Table <input type="checkbox"/>
Details: _____ _____ _____	

<b>Security Personnel:</b>			
0-100 Guests	No:1	@	\$xx ph _____
100-150 Guests	No:2	@	\$xx ph _____

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**Estimated Function Value:**

FOOD \$ \_\_\_\_\_  
BEVERAGE \$ \_\_\_\_\_  
OTHER \$ \_\_\_\_\_  
  
TOTAL \$ \_\_\_\_\_  
DEPOSIT \$ \_\_\_\_\_  
BALANCE \$ \_\_\_\_\_

CONFIRMED

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